

SUPERIOR COURT OF CALIFORNIA, COUNTY OF		<i>FOR COURT USE ONLY</i>
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
NAME OF DEFENDANT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: HOME TELEPHONE NO.: WORK TELEPHONE NO.: DRIVER'S LICENSE NO.:		
DATE OF COURT ORDER:		
IGNITION INTERLOCK		CASE NUMBER:
<input type="checkbox"/> CALIBRATION VERIFICATION <input type="checkbox"/> TAMPER REPORT		

- 1. Defendant's name:
- 2. Installer's name:
Address:
City, state, ZIP:
Telephone:

3. Vehicles:

	<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>Color</u>	<u>License Plate No.</u>	<u>VIN</u>
a.						
b.						
c.						

- 4. This is the six-month yearly report (*if relevant*).
- 5. Installation date: a. b. c.
- 6. Odometer reading: a. b. c.
- 7. Calibration setting: a. b. c.
- 8. Unit serial No.: a. b. c.
- 9. Program to end (*date*):
- 10. The system is in calibration. a. b. c.
- 11. The system has been inspected and is functioning properly. a. b. c.
- 12. The ignition interlock devices installed in vehicles a. b. c. show evidence of tampering.

(Describe/additional comments):

- 13. Payment of \$ + sales tax \$ Total collected \$ paid by
- a. Credit card
- b. Money order/cashier's check/certified check
- c. Cash/personal check

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:  _____
(SIGNATURE OF INSTALLER)

DEFENDANT: Your next monitoring check is (*date*): . If you have not had your system serviced within seven days of the due date, the system will shut down and you will be unable to start your car. It will be your responsibility to have your car towed to the calibration location.
Your next payment of \$ is due at the above monitoring check. Payment must be made in full before service is performed. If payment is not made, the system may shut down and you may not be able to start your car. This will result in a service call that will be your responsibility. You may be required to make an additional payment for late payments.

I acknowledge receipt of a copy of this form.
Date:  _____
(SIGNATURE OF DEFENDANT)